MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00880

00884

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Leonardtown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Leonardtown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) J. (Middle) Clyde (Last) Abell

4. DATE OF DEATH: (Month) Jan, (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 28, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 2 Days 12 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Abell

14. MOTHER'S MAIDEN NAME: Rosa Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ruby M. Abell R.F.D.2 Leonardtown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) DUE TO: Pneumonia - hypostatic

ANTECEDENT CAUSE (B) DUE TO: Generalized arteriosclerosis,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cachexia,

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1954 to Jan 8, 1955, that I last saw the deceased alive on Jan 8th, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE M.D. Roy Smythe ADDRESS Mechanicsville DATE SIGNED 1/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-11-55

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/10/55

REGISTRAR'S SIGNATURE: Robt. J. Lackey

24. FUNERAL DIRECTOR: Jos. C. Mattingley ADDRESS: Leonardtown, Md.

RECEIVED
JAN 11 1965
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01931 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Scotland,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) VALERIE (Middle) (Last) BARNES
4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Infant
8. DATE OF BIRTH: Dec. 24, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Hall
14. MOTHER'S MAIDEN NAME: Estelle Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Estelle Barnes, Scotland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Otitis media, acute — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchopneumonia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Smith M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1/31/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremated
DATE THEREOF 2-23-55
NAME OF CEMETERY OR CREMATORY Morgue
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Mar. 1, 1955
REGISTRAR'S SIGNATURE Dr. P. J. Beans
24. FUNERAL DIRECTOR ADDRESS Jos. C. Mattingley-Leonardtown, Md.

VS. A15A - 5 - 53

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Item 18 Film C177 2-18-55 amc

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Reg. Dist. 4 C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) C (Last) BRISCOE

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-27-1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carnegie Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Gaffney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: Arthur F. L. Briscoe

18. MEDICAL CERTIFICATION Compton Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

795.3

Immediate cause (a) Undetermined

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Body so decomposed that it was impossible to determine an anatomical cause of death.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE William C. Howell M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Jan. 27, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-5-55

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) Pikesville Md (State)

DATE REC'D BY LOCAL REG. February 5th 1955

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR P. B. Robinson

ADDRESS Leonardtown Md

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VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00887

# CERTIFICATE OF DEATH

Reg. Dist. No. 00882

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Budd Creek X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Eleanora (Middle) (Last) Bush

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Nov 25 1907 | 9. AGE last birthday: 47 yrs. | IF UNDER 1 YEAR: Months / Days 20 | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ruth Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | If Yes, give war or dates of service
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Walter Bush Chaptico Md

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 331X IMMEDIATE CAUSE | (A) Cerebrovascular Accident. | 2 wks. |
| ANTECEDENT CAUSE (S) | DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) Essential hypertension DUE TO | 2 yrs. |
| | (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May 1954 to 14 Jan, 1955, that I last saw the deceased alive on 14 Jan, 1955 and that death occurred at 5:30 P. M. from the causes and on the date stated above.
SIGNATURE Joseph E Gill. M. D. ADDRESS Leonardtown, Md DATE SIGNED 16 Jan. 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 17-55 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) Budds Creek (State) Md
DATE REC'D BY LOCAL REGISTRAR 1/17/55 | REGISTRAR'S SIGNATURE Robt. L. Locker | 24. FUNERAL DIRECTOR John C. Walters | ADDRESS Leonardtown

RECEIVED
JAN 19 1955
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00888

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant Campbell
4. DATE OF DEATH (Month) (Day) (Year) Jan 1 1955
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 1-1955
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inland
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Gregory
14. MOTHER'S MAIDEN NAME Catherine Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Catherine Campbell Ridge MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1955, to 1/1, 1955, that I last saw the deceased alive on 1/1, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 1/2/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-3-54
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 1-3-55
REGISTRAR'S SIGNATURE Robt. J Locke
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00884

00889

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Genevieve (Middle) -- (Last) Coombs

4. DATE OF DEATH (Month) 1 - (Day) 3 - (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 12/18/1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. [illegible] Baltimore, Maryland
12. [illegible] COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. ------
17. INFORMANT & ADDRESS: Pearl F. Coombs - Beachville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSE (S) DUE TO (B) General arteriosclerosis — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952 to Jan 3, 1955, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 3 A M, from the causes and on the date stated above.

SIGNATURE P.J. Bean M.D. ADDRESS Great Mills Md DATE SIGNED Jan 3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/5/55
NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery
LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: Jan 3-55
REGISTRAR'S SIGNATURE: P.J. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tie correct age is especially important. Physicians: please write the c[illegible]ses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00890 00885

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lexington Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) T (Last) Edgston

4. DATE OF DEATH: (Month) 1 - (Day) 17 (Year) 1955

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Sept. 1895

9. AGE last birthday 60 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Edgeston

14. MOTHER'S MAIDEN NAME: Rosellie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO. 578-28-8958

17. INFORMANT & ADDRESS: Mary R. Barnes - Lexington Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 Hour

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1955, to Jan 17, 1955 that I last saw the deceased alive on Never, 19, and that death occurred at 12:30 M, from the causes and on the date stated above.

SIGNATURE Mrs H. Patrick M. D.

ADDRESS Lexington Park Md.

DATE SIGNED 1-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1/19/55

NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery

LOCATION (City, town, or county) (State): Great Mills, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-18-55

REGISTRAR'S SIGNATURE: Local Registrar [illegible], M.D.

24. FUNERAL DIRECTOR: P.B. Robinson

ADDRESS: Leonardtown, Md.

00893 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01936

Items 1 & 22 Film 3177 2/22/55 mb

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

**1. PLACE OF DEATH**

COUNTY St. Marys MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: X Approx. 200 yards east of U.S. Naval

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Air Station, Patuxent River, Maryland in Chesapeake Bay

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE California COUNTY Unknown

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Santa Ana 4 X -3

STREET ADDRESS (If rural give location): 13922 Deodar Street

**3. NAME OF DECEASED: (Type or Print)** Harvy (First) Charles (Middle) HINCKEL (Last)

**4. DATE OF DEATH.** January (Month) 16 (Day) 1955 (Year)

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Caucasian | Married | March 13, 1921 | 33 yrs | | | | |

| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Aviation Pilot | U. S. Marine Corps | Cincinnati, Ohio | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: |
|---|---|---|
| Yes 12/42 to 1/55 | Unknown | Navy records |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) LOST AT SEA Injuries, Multiple Extreme — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| | | |

| 21A. ACCIDENT WAS UNDERLYING CAUSE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| X | Aircraft | Approx. 200 yards east of USNAS, Patuxent River, Md.-Chesapeake Bay |

| 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? |
|---|---|---|
| January 16, 1955 1135 A.M. | | Aircraft crash |

22. I hereby certify that I attended the deceased from REMAINS NOT RECOVERED 19 to 14 Feb. 1955, 19, that I last saw the deceased alive on 19, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE H. E. GILLESPIE, CAPT MC USN M. D. ADDRESS INF NAS PAX RIV MD. DATE SIGNED 2-9-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| REMAINS NOT RECOVERED | 2/21/55 | U. S. Naval Hospital | San Diago, Cal. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-12-55 | P. J. Leary M.D. Local Registrar | P. B. Robinson | Leonardtown, Md. |

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00886

00894

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH.
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
MARYLAND LENGTH OF STAY (in this place) 1 yr 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Hayes (Last) Holt

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1955

5. SEX Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH. Aug 18-1878 | 9. AGE last birthday 76 yrs | IF UNDER 1 YEAR Months 4 | IF UNDER 24 HRS Days Hours Min. 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer | 10B. KIND OF BUSINESS OR INDUSTRY 219-05-1573 | 11. BIRTHPLACE (State or foreign country) Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Ben Holt

14. MOTHER'S MAIDEN NAME Ellen Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-05-1573

17. INFORMANT & ADDRESS: Mrs Susie Holt Mechanicsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Lung Rt. | INTERVAL BETWEEN ONSET AND DEATH 3 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov, 1954 to 14 Jan., 1955 that I last saw the deceased alive on 14 Jan, 1955, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE Joseph E. Gill M. D. ADDRESS Leonardtown, Md DATE SIGNED 14 Jan. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 17 1955 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) (State) Mayanga Md

DATE REC'D BY LOCAL REGISTRAR 1/17/55 | REGISTRAR'S SIGNATURE Robt. D. Locke | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00887

00895

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Martin (Last) Latham

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 19, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Latham
14. MOTHER'S MAIDEN NAME: Helen Moran

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Florance Latham : Clements, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Pneumonia, Broncho

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 2 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease - Gen. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1948, to Jan 14, 1955, that I last saw the deceased alive on Dec. 15, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luyther, MD ADDRESS Mechanicsville DATE SIGNED 1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-17-55
NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery
LOCATION (City, town, or county) (State) Leonardtown, Md.
DATE REC'D BY LOCAL REGISTRAR 1-16-55
REGISTRAR'S SIGNATURE Robert F. Locke
24. FUNERAL DIRECTOR P. B. Robinson : Leonardtown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00888

00895

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ST. MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X MECHANICSVILLE
MARYLAND
LENGTH OF STAY (in this place) 60 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST.MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) GEORGIANNA (Middle) (Last) LONG

4. DATE OF DEATH: (Month) 1 - (Day) 26 - (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW

8. DATE OF BIRTH: MAY 25, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 8 Days 1 UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM LACEY

14. MOTHER'S MAIDEN NAME CECILIA QUADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No or Unk.) X If Yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT & ADDRESS: RAPHAEL LONG MECHANICSVILLE,MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2d

ANTECEDENT CAUSE (S) DUE TO (B) prev. cerebral Hemorrhage Jan 1954

O SEQUENCES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at M. from the causes and on the date stated above.

SIGNATURE Roy Luther M. D. ADDRESS Mechanicsville DATE SIGNED Md. 1/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 1/28/55

NAME OF CEMETERY OR CREMATORY SACRED HEART

LOCATION (City, town, or county) BUSHWOOD, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 1/28/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR JOS.C.MATTINGLEY

ADDRESS LEONARDTOWN,MD.

U.S. A15 — 10 - 53

RECEIVED
JAN 31 1975
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00889

00897

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Clements
LENGTH OF STAY (in this place) 20 years
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) J. (Last) McWilliams

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 28-1869
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY Owne Farm
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U de A.

13. FATHER'S NAME Jerome McWilliams
14. MOTHER'S MAIDEN NAME Frances Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS George McWilliams Clements Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypostatic Pneumonia — 1 week.
DUE TO
ANTECEDENT CAUSE (S) (B) Upper Respiratory Infection — 2 weeks
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Urinary Tract infection — 10 years
Generalized Arteriosclerosis — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-1, 1945 to Jan 9, 1955 that I last saw the deceased alive on Jan 6, 1955 and that death occurred at 5:30 M, from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick M. D. ADDRESS Lexington Park Md. DATE SIGNED 1-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 12-55
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bush Wood Md (State)

DATE REC'D BY LOCAL REGISTRAR 1-11-55
REGISTRAR'S SIGNATURE Robt. J. Locke
24. FUNERAL DIRECTOR Jos C. Mattingley & Conardtown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JAN 13 1955
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00896

00898 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermansville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Winford (Last) Proctor

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12 / 15 / 1954

9. AGE last birthday: yrs. 16 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas P. Proctor

14. MOTHER'S MAIDEN NAME: Elizabeth G. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Thomas P. Proctor :: Hermansville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 491X (A) Broncho-Pneumonia DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 48 Hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1954 to Jan 1, 1955 that I last saw the deceased alive on Dec 31, 1954, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE M.D. Mrs. H. Patrick ADDRESS Lexington Park Md. DATE SIGNED 1-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-2-55

NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery

LOCATION (City, town, or county) (State): Waldorf, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 1-2-55

REGISTRAR'S SIGNATURE: P. B. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR: P. B. Robinson ADDRESS: Leonardtown, Md.

20144275396

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00891

00899 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Elizabeth (Last) Stone

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. - 11 - 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Fenhagen

14. MOTHER'S MAIDEN NAME: Mollie Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. ----------

17. INFORMANT & ADDRESS: Edna C. Raley ;;; Ridge, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 1-17, 1955, that I last saw the deceased alive on 1-17, 1955, and that death occurred at 10A M, from the causes and on the date stated above.

SIGNATURE P. J. Bean, M.D. ADDRESS Great Mills Md. DATE SIGNED 1-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/ 20/ 1955

NAME OF CEMETERY OR CREMATORY Saint Michael's Cem.

LOCATION (City, town, or county) (State) Ridge, Maryland.

DATE REC'D BY LOCAL REGISTRAR 1-18-55

REGISTRAR'S SIGNATURE P. J. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR ADDRESS P. B. Robinson ;; Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN. 24
BUREAU V. S